

FILED JAN 14 1958

# STANDARD CERTIFICATE OF DEATH

State File No. **43432**

BIRTH NO. _____		REG. DIST. NO. <b>11</b>		PRIMARY REG. DIST. NO. <b>5043</b>		Registrar's No. <b>96</b>	
1. PLACE OF DEATH a. COUNTY <b>BARRY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BARRY</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>SELIGMAN (TOWN)</b>		c. LENGTH OF STAY (In this place) <b>50 YRS.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>SELIGMAN</b>		<b>Q050</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME IN SELIGMAN</b>				d. STREET ADDRESS (If rural, give location) <b>GEN DEL.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>WALTER</b>		b. (Middle) <b>ALBERT</b>		c. (Last) <b>STAPLETON</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 12, 1957</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>MAR. 22, 1874</b>		9. AGE (In years last birthday) <b>84</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BANKER</b>		11. BIRTHPLACE (State or foreign country) <b>LAMAR, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>GEORGE STAPLETON</b>		13b. MOTHER'S MAIDEN NAME <b>LIZZIE HERSHEY</b>		14. NAME OF HUSBAND OR WIFE <b>BLANCHE STAPLETON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>486.05 8746</b>		17. INFORMANT'S SIGNATURE OR NAME <b>BLANCHE STAPLETON -WIFE- SELIGMAN, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriohypertension</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>4201</b>				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>12-2</b> , 19 <b>57</b> , to <b>12-12</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>12-12</b> , 19 <b>57</b> , and that death occurred at <b>6:00 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dr. Chas. R. Brown M.D.</b>				23b. ADDRESS <b>Seligman Mo.</b>		23c. DATE SIGNED <b>12/17/58.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC. 16, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MOOREHEAD CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>LAMAR MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>12-23-1957</b>		REGISTRAR'S SIGNATURE <b>Grace Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ed. J. Rogers</b> ADDRESS <b>CALLISON FUN. HOME, ROGERS, ARKANSAS</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 158-5

DATE REC. 1-2-58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*James S. Jones*

Licensed Embalmer No. 943

P. O. Address Harris, Arkansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.